

## **Exhibit B**

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT****FILED**

DOCUMENT# L17000216316

**Jan 20, 2020****Entity Name:** INSIGHT ANALYSIS AND RESEARCH LLC**Secretary of State****2698172841CC****Current Principal Place of Business:**13727 SW 152 STREET  
UNIT 715  
MIAMI, FL 33177**Current Mailing Address:**13727 SW 152 STREET  
UNIT 715  
MIAMI, FL 33177 US**FEI Number: 82-3194031****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SRSL MANAGEMENT, INC  
4101 PINE TREE DRIVE  
UNIT 1530  
MIAMI BEACH, FL 33140 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**Title AMBR  
Name GURLAVIE, ALON OMRI  
Address 5 HABARZEL STREET  
City-State-Zip: TEL AVIV IL 69710-02

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALON OMRI GUR LAVIE****01/20/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date

**FILED**

DOCUMENT# L17000216265

**Entity Name:** SDC-GADOT LLC

**Feb 03, 2021**  
**Secretary of State**  
**9570101957CC**

**Current Principal Place of Business:**

W 210 89TH STREET  
APT. 1K  
NYC, NY 10024

**Current Mailing Address:**

W 210 89TH STREET  
APT K1  
NYC, NY 10024 US

**FEI Number:** 82-3210076

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SRSL MANAGEMENT, INC  
4101 PINE TREE DRIVE  
UNIT 1530  
MIAMI BEACH, FL 33140 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FORLIT, AMIT  
Address 5-A HABARZEL STREET  
City-State-Zip: TEL AVIV IL 69710-02

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FORLIT, AMIT

FORLIT AMIT

02/03/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date